

North CHP / South CHP Complaints Annual Report 2007/08

1 Executive Summary

North and South CHPs actively encourage patients, their relatives and visitors to provide feedback so there is a better understanding of what we have done well, which is often demonstrated by the various expressions of thanks received. The vast majority of staff contact with patients and their relatives is considered to have been provided in a caring and professional way.

Throughout 2007/08, the Patient Services Department has been working closely with CHP staff, Acute Services colleagues and other partner organisations, such as advocacy, to proactively encourage feedback from patients/relatives. Importantly, this provides opportunities for staff to learn of any concerns, before these escalate, which provides the opportunity to resolve immediately. Our experience, which is shared nationally, is the longer it takes to resolve these types of concerns, the more likely a formal complaint will follow and the greater the difficulty to satisfactorily resolve.

On the occasions when expected standards of care and treatment are not met and the patient/relative is dissatisfied with the attempt to locally resolve their concern or it is considered that the matter to be so serious that there is a desire to immediately raise this at a higher level, a formal written complaint is made.

This report reviews performance in managing these formal complaints received during 2007/08, comparing with previous years performance. Data is also given on informal complaints the Patient Services Department has received, which have then been responded to in writing.

The principal issues raised in the **105** formal (a reduction of **8%** when compared to last year) and **109** informal (an increase of **9%**) complaints received during 2007/08, the local and national experience: clinical treatment; staff attitude, behaviour or communication, both oral and written. It is clear that poor communication between staff and patient/relatives, and between the various members of the clinical team, is a common factor. Consequently, the theme of “good customer care” features at induction and in training and awareness sessions available to staff, regardless of their grade and/or experience.

98% of HCHS complaints were acknowledged within the national target of 3 working days. Occasionally, there is a delay in a letter of complaint being forwarded to the Patient Services Department when this has been sent directly to an individual member of staff.

Anxiety and frustration on the part of the complainant rises when there is a delay in responding to their formal complaint. However, the speed of that response must be balanced with the degree of investigation required and the availability of staff to

comment. The national target for responding to formal complaints is 20 working days. This was achieved in **82%** of complaint responses, a **1%** decrease compared to 2006/07. National statistics for 2006/07, show the national average for responding within the target time was **57%**.

The Patient Services Department continues to appreciate the support it has received, particularly with investigation responses being more thoroughly investigated and forwarded timeously. Where performance has not been satisfactory, the Patient Services Department works with those services to improve overall complaint management performance.

When a complainant is unhappy with the response, we welcome the opportunity to resolve any outstanding issues by offering a meeting with senior staff and/or the Locality General Manager providing a further written response.

When a complainant remains dissatisfied with our response during local resolution, there is the option of referring any outstanding issues of complaint to the Scottish Public Services Ombudsman (SPSO). During 2007/08, the SPSO's office received **3** Hospital and Community Health Service (HCHS) complaints. The SPSO was taking no further action with **2** HCHS complaints and had provided a first draft investigation report for **1** other HCHS complaint. There was no further action for **2** Family Health Service (FHS) complaints and **1** complaint against an independent Out-of-Hours contractor and **1** complaint against GP practice were upheld.

Locality General Managers are required to report on the outcomes and whether there are any further recommendations within their written responses. This provides valuable learning opportunities and above all a focus to reduce the risk of a similar situation arising.

Since 1 September 2006 an agreement has been in place with a consortium of local Citizens Advice Bureaux for the provision of an independent advice and support service (IASS). The service is intended to support individuals with queries or complaints who may feel unable to raise the matter with us directly. NHS Lanarkshire's complaints management staff and the designated caseworkers from IASS meet regularly to review any trends in issues being raised. The caseworkers have also attended meetings with staff to raise the profile of the service they offer and have attended meetings between their clients and staff. The number of individuals using this service has, however, remained low and ways of further promoting what it can offer are being explored.

NHS Lanarkshire's complaints staff continue to participate in a national pilot of complaints equality monitoring. A questionnaire is sent to the complainant with the acknowledgement of their complaint, which are then returned directly to the Information & Statistics Division (ISD) in Edinburgh for analysis. Feedback suggests that no correlation has yet been identified between the issues being raised in complaints and particular equalities groups. In order to validate this, the pilot is being extended across Scotland for the first six months of 2008/09.

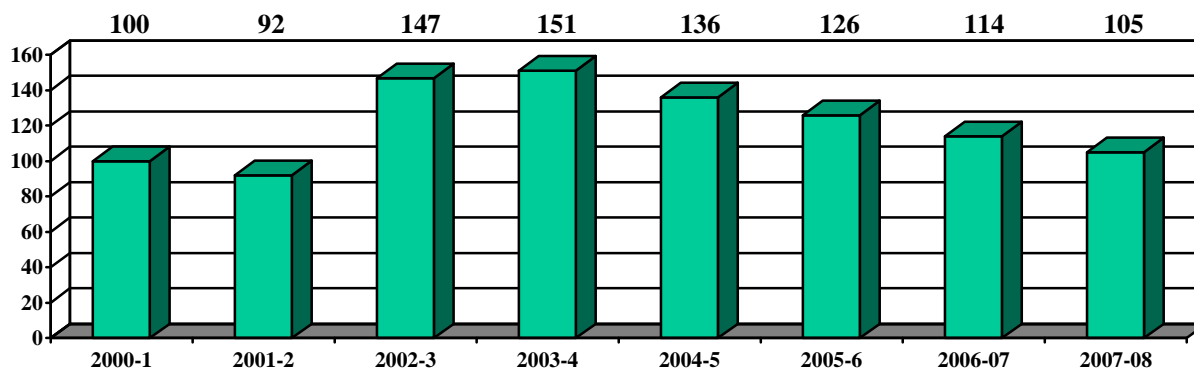
A sub-group of the national Patient Experience Programme focused on developing systems for learning from complaints. One of the group's main objectives was to refine and expand the data gathered on complaints received across Scotland. A revised dataset

has been agreed and ISD is in discussion with the companies who supply complaints management / risk management software to NHS Boards to allow this to be introduced.

2 Formal Complaints Received

Hospital and Community Health Services (HCHS)

A total of **105** formal HCHS complaints (a reduction of **8%** compared to last year) were received between 1 April 2007 and 31 March 2008. In regard to the national standard that HCHS complaints should be acknowledged within 3 working days, **99%** of North CHP and **97%** of South CHP were acknowledged within this timescale. Regardless of where formal complaints are received within either CHP, this is when the complaints timescale commences. Therefore, Localities are forwarding formal complaints to the Patient Services Department without delay to improve our acknowledgement performance. Where there has been a delay, this is raised with the Locality directly.



The table below provides the number of formal HCHS complaints made against each Locality.

Hospital & Community Health Services			
North CHP		South CHP	
Airdrie	5 (9%)	Clydesdale	19 (37%)
Bellshill	12 (23%)	East Kilbride	24 (46%)
Coatbridge	5 (9%)	Hamilton	9 (17%)
Motherwell	7 (13%)		
North	11 (21%)		
Wishaw	13 (25%)		
Total	53 (100%)	Total	52 (100%)

Family Health Services (FHS)

All FHS complaints received by the Patient Services Department are logged on Datix as formal complaints as the department does not have any involvement in the investigation of the complaint. All complaints were acknowledged within 3 working days. If consent had not been given to forward to the practice/shop, this was sought first. The Patient Services Manager may facilitate local resolution in an attempt to satisfactorily resolve any outstanding issues of complaint, if both the complainant and the complained against were agreeable.

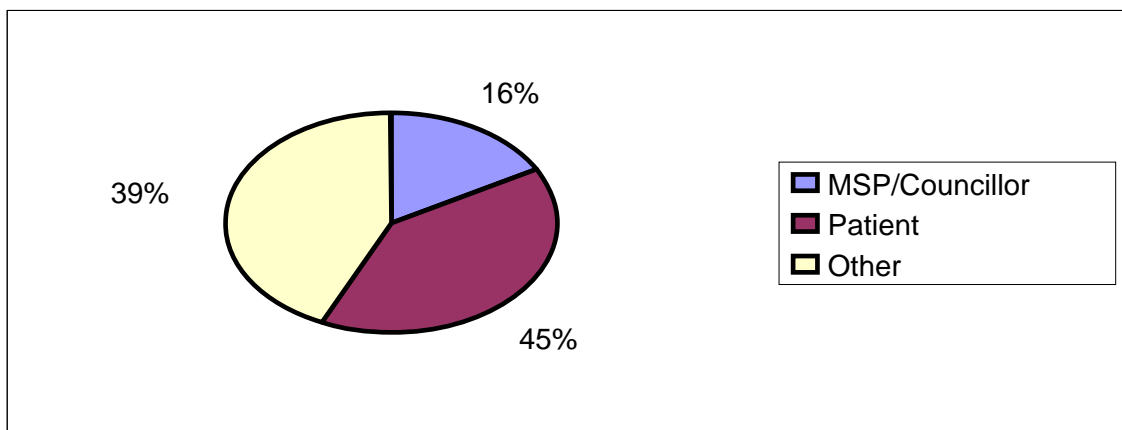
Compared to last year, there was a 2% reduction in the number of FHS complaints, which are detailed in the table below.

	Family Health Services	
	North CHP	South CHP
GMP	51 (80%)	48 (83%)
GDP	9 (14%)	8 (13%)
Ophthalmic	0 (0%)	1 (2%)
Pharmacy	4 (6%)	1 (2%)
Total	64 (100%)	58 (100%)

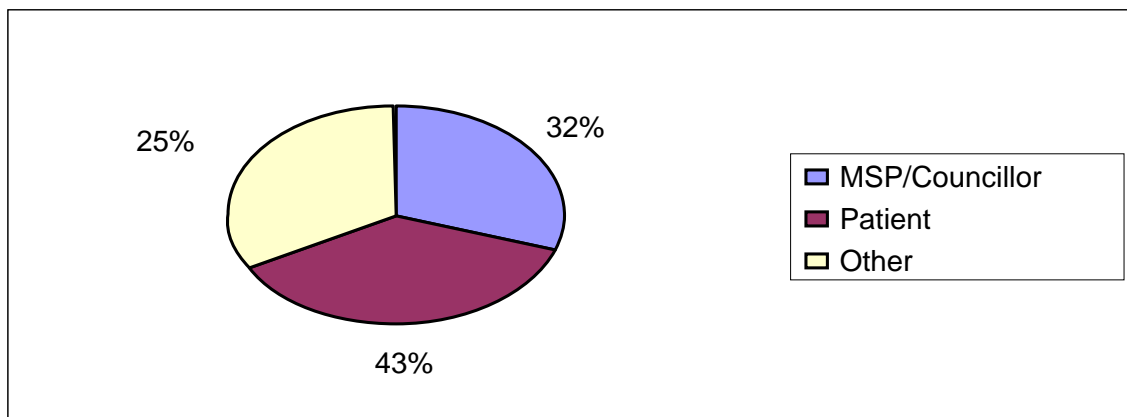
3 Correspondent

The graph below illustrates the source of complaints by correspondent.

Formal Complaints



Informal Complaints and other enquiries



The majority of formal and informal complaints and other enquiries were received from someone other than the patient. Consent was then sought from the patient or (if the patient was deceased or was incapable of giving consent) their next of kin, before the complaint was investigated. The majority of MSP / Councillor contacts on behalf of a constituent are for informal complaints and other enquiries.

4 Issues raised in formal complaints

ISD quarterly returns only require the number of Medical and Dental complaints received. This report includes the ISD(S)40C categories, to highlight the principal issue raised.

Category	Family Health Services (FHS)	
	North CHP	South CHP
COMMUNICATION/ ATTITUDE	16 (26%)	14 (24%)
PREMISES	2 (3%)	2 (3%)
PRACTICE / SURGERY MANAGEMENT	13 (20%)	12 (21%)
PRIMARY CARE ADMINISTRATION	2 (3%)	1 (2%)
PURCHASING	0 (0%)	0 (0%)
CLINICAL	29 (45%)	29 (50%)
OTHER	2 (3%)	0 (0%)
TOTALS	64 (100%)	58 (100%)

For national statistical purposes, a maximum of three “issues” may be recorded for each HCHS complaint received. The table below details the principal issue raised in each of the 8 main ISD categories. A more detailed breakdown can be found in Appendix I.

Category	Hospital & Community Health Services (HCHS)	
	North CHP	South CHP
STAFFING	22 (41%)	13 (25%)
WAITING TIMES	2 (4%)	0 (0%)
DELAYS	2 (4%)	1 (2%)
ENVIRONMENT/ DOMESTIC	3 (6%)	4 (8%)
PROCEDURAL ISSUES	1 (2%)	1 (2%)
TREATMENT	22 (41%)	31 (59%)
TRANSPORT	0 (0%)	0 (0%)
OTHER	1 (2%)	2 (4%)
TOTALS	53 (100%)	52 (100%)

The principal issues of complaint remain as in previous years, namely staffing, which includes attitude/behaviour and written/oral communication, and all aspects of clinical treatment. A detailed breakdown is in Appendix 1.

5 Informal Complaints Received

When an individual has a concern that they prefer not to pursue through the formal complaints procedure, the Patient Services Department acknowledges and then coordinates a written response through the Locality General Manager. The same timescales are applied as with formal complaints. The table below only details those informal complaints that the Patient Services Department was directly involved with and were responded in writing. It should be noted that there are many more informal complaints that are satisfactorily resolved at a local level.

The table below provides the number of informal HCHS complaints made against each Locality.

Hospital & Community Health Services			
North CHP		South CHP	
Airdrie	10 (17%)	Clydesdale	18 (35%)
Bellshill	9 (16%)	East Kilbride	23 (45%)
Coatbridge	9 (16%)	Ham/Blantyre	10 (20%)
Cumbernauld	8 (14%)		
Motherwell	9 (16%)		
Wishaw	13 (21%)		
Total	58 (100%)	Total	51 (100%)

6 Issues raised in informal complaints

Using the same ISD categories for formal complaints, the table below illustrates the principal issue raised in informal complaints. Only those informal complaints where a written response has been sent have been included. A more detailed breakdown is in Appendix II.

Category	Hospital & Community Health Services (HCHS)	
	North CHP	South CHP
STAFFING	23 (39%)	17 (33%)
WAITING TIMES	1 (2%)	2 (4%)
DELAYS	3 (5%)	5 (10%)
ENVIRONMENT/ DOMESTIC	6 (9%)	1 (2%)
PROCEDURAL ISSUES	1 (2%)	0 (0%)

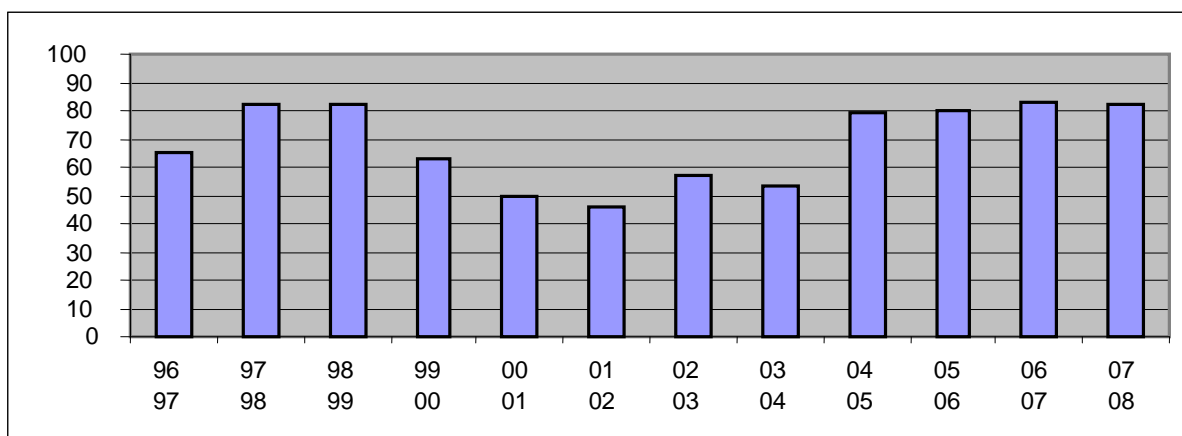
TREATMENT	24 (40%)	22 (43%)
TRANSPORT	0 (0%)	1 (2%)
OTHER	2 (3%)	3 (6%)
TOTALS	58 (100%)	51 (100%)

7 Responses Sent to Formal Complaints

The national target of replying within 20 working days was achieved in **82%** of complaints responded to by North and South CHPs (North – **87%** and South – **78%**), which is a decrease of **1%** compared to last year. Significant effort continues to be made to ensure investigation responses are thorough and these are forwarded to the Patient Services Department timeously. The Patient Services Department is aiming to achieve close to **90%** for 2008/09.

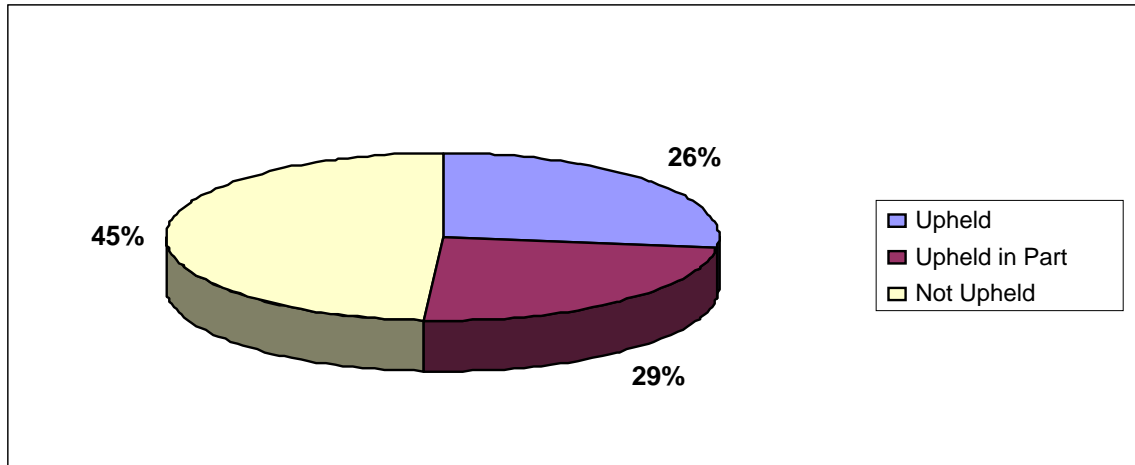
Response time in days	YTD Total	
	North CHP	South CHP
0 – 5	5 (7%)	3 (6%)
6 – 10	13 (19%)	9 (17%)
11 – 15	24 (34%)	12 (24%)
16 – 20	19 (27%)	16 (31%)
21+	9 (13%)	11 (22%)
Total sent	70 (100%)	51 (100%)

The table below illustrates past annual response rates in percentages. For 2007/08, North and South CHPs response rates have been averaged.



8 Outcomes

The outcome for all formal complaints are categorised as upheld, partly upheld or not upheld. Compared to 2006/07 there was a slight increase in the number of complaints either being fully or partly upheld. There was a slightly higher number of South CHP complaints not being upheld when compared to North CHP.



9 Scottish Public Services Ombudsman

The table below details the feedback from the SPSO during 2007/08 following their complaint review procedures.

North CHP	Status
Learning Disabilities – clinical treatment	No further action
South CHP	Status
Macmillan Service – breach of patient confidentiality	No further action – SPSO requests update following procedure review
Out-of-Hours – clinical treatment	1 st draft investigation response received
Other	Status
Independent Contractor OOH –clinical treatment	Final investigation received – complaint upheld
GP – clinical treatment	No further action
GP – clinical treatment	No further action
GP – patient removal from practice list	Final investigation received – complaint upheld

Graeme Walsh
21 July 2008

ALL ISSUES RAISED IN FORMAL & INFORMAL HCHS COMPLAINTS

Category	North CHP		South CHP	
	Formal	Informal	Formal	Informal
STAFFING				
Attitude/ Behaviour	18	16	15	15
Complaint Handling	0	0	0	0
Shortage/ Availability	5	1	0	2
Communication - written	2	3	3	2
Communication - oral	7	6	6	8
Competence	0	0	0	0
WAITING TIMES FOR				
Date for admission/ attendance	0	0	0	1
Date for appointment	2	2	0	3
Result of tests	0	0	0	0
DELAYS IN/AT				
Admission/transfer/ discharge procedures	0	0	0	0
Out Patient and other clinics	2	2	1	4
ENVIRONMENT/ DOMESTIC				
Premises (inc. access)	0	1	2	2
Aids & appliances / equipment	2	0	1	1
Catering	0	0	0	0
Cleanliness/ Laundry	0	2	1	0
Patient privacy/ Dignity	1	0	0	0
Patient property/ Expenses	0	0	1	0

Category	North CHP		South CHP	
	Formal	Informal	Formal	Informal
Patient status/ Discrimination	0	0	0	0
Personal records	0	0	0	0
Shortage of beds	0	0	0	0
Mixed accommodation	0	0	0	0
HAI (MRSA)	0	0	0	0
PROCEDURAL ISSUES				
Failure to follow agreed procedure	1	0	0	0
Policy & commercial decisions (NHS Board)	0	2	1	0
NHS Board Purchasing	0	0	0	0
Mortuary/Post Mortem arrangements	0	0	0	0
TREATMENT				
Clinical Treatment	28	26	34	20
Consent to Treatment	0	0	0	0
TRANSPORT ARRANGEMENTS	0	1	0	1
OTHER	1	7	2	5
TOTALS	69	69	67	64

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (April – June 2007)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
30050701 Geraldine Queen	Concern regarding a particular Speech & Language Therapist and access to the service	The child will have a place in the assessment unit from August 2007, where he will receive intensive input.	30-7-07	Child seen during summer holidays by SLT and has on going input 3 times per week. Communication with mum via SLT diary and homework weekly	. Mum did not attend a Parent information session last week but his review date is 14 th November and parent's night 21 st November. Following which further updates may be provided.	14-11-07
04060703 Tom Bryce	Concern raised about the way the Forensic CPN Liaison Service attempted to contact a patient's ex-partner	<ul style="list-style-type: none"> All staff have been informed that they should not make a call on behalf of a client to their next of kin or family member unless it is to gather information on their mental health. Should contact be required, further detailed information will be sought from the Procurator Fiscal first. If the service is contacting a next of kin or family member, no information will be left with a third party. 	6-8-07	No further incidents recorded. New staff to service informed of agreed process.	No further action required.	Nov 07
14060701 Richard Burgon	Concern raised regarding the provision of Speech & Language Therapy	<p>The vacancies are due to be filled as of 16 July 2007 and the situation will hopefully improve after that date.</p> <p>At this time the patient's needs will be reassessed and further intervention planned accordingly. The patient may be offered further home visits as part of the Pre-3 Elite service or inclusion in a Hanen parent group due to run later in the year.</p>	14-8-07	The child received a block of individual weekly input finishing Dec 07. This included liaison with the nursery who were provided with targets to work on. Mum is on the waiting list for the next available Hanen programme. Child likely to meet criteria for nursery peri service and will be seen either in nursery or in clinic for further therapy input within the next 2 months.	No further action required.	Feb 08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
22030701 Richard Burgon	A number of issues regarding the way samples were taken, including the first test showing a false positive result	The Director of the Scottish Bacterial Sexually Transmitted Infections Reference Laboratory (SBSTIRL) will be discussing the protocol on which the SBSTIRL is working in regard to sexual abuse cases (adults/children) for presentation by the end of the year. The British Association for Sexual Health and HIV (BASHH) will address the interpretation and validation of results in children. NHS Lanarkshire is working on a Lanarkshire protocol, which will be informed by the family's experience and the lessons learned.	22-5-07	The complaint was responded to having sought advice from Dr K. Liddell, Consultant Microbiologist. Subsequently a meeting was held with the mother and grandmother to explain the nature of the testing process, the reason why there was a false positive result and to provide reassurance on the future health of ED. This meeting was attended by Dr Liddell, Dr Hunter, R. Burgon and G. Walsh.	An inter-agency review of the complaints received by Health Social Work and the Police is underway to assess whether there are any joint lessons to be learned in relation to inter-agency management of the complaints and how these were handled.	August 2007
12040701 Richard Burgon	A number of concerns relating to a member of psychology staff	It has been emphasised with a member of psychology staff the importance of full and clear communication with their clients and multi-disciplinary team colleagues.	12-6-07	Complaint responded to. Issues raised by complainant fully addressed. Individual practitioner has subsequently retired and all other staff have been made aware of the need for clear and concise communication.	No further action required.	October 2007
18060701 Richard Burgon	Concern regarding the provision of Paediatric Occupational Therapy services	Presently, redesigning Paediatric Occupational Therapy Service. The aim of the redesign is to minimise waiting times for assessment and to ensure that the service is responsive to cases with the highest clinical priorities.	20-8-07	Meeting held with family. OT input to child changed although it was stressed that this did not reflect on any of the individual members of staff involved in the input.	No further action required.	October 2007

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
07050703 Eleanor Wilson	Concern regarding access to Speech & Language Therapy	When a member of staff phones but can't get through, a message should be left on the answering machine. This ensures that the relative is aware that an attempt to contact them was made.	9-7-07	Staff are now aware to leave message on answering machine saying that they had called	No further action required	Sept 07
17050703 Eleanor Wilson	Noise levels and inappropriate language coming from Kirklands Hospital, which can be heard within the home and garden of an adjoining property	<ul style="list-style-type: none"> • further reviewing the patient's general health as this can trigger an increase in unsettled and noisy behaviour • an action plan to better engage the patient in a range of daily activities outwith the cottage • involving a range of professionals in the care of this patient to ensure his support needs are reviewed on a regular basis 	17-7-07	Implementation of action plan resolved issues raised by complainant.	It was agreed that the complainant would make contact should there be any further concerns.	27-07-07
12040702 Eleanor Wilson	A number of concerns raised regarding access to emergency psychiatric care	<p>Concerns raised have been brought to the attention of the on call psychiatrist so s/he may be able to reflect on these and in particular the importance of open communication with patients and their relatives.</p> <p>There is currently a review of the referral process through A/E for those patients presenting with psychiatric symptoms.</p>	12-6-07	Psychiatrist has now reflected on the importance of open communication with patients/relatives	Ongoing review of the referral process through A/E for those patients presenting with psychiatric symptoms.	Ongoing
07050702 Eleanor Wilson	Concern regarding access to Speech & Language Therapy	A therapist based at Wishaw Health Centre will offer the child a place in an existing group, until details of individual therapy can be confirmed	9-7-07	Individual therapy commenced August 2007	No further action required	Sept 07

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
27030701 Craig Cunningham	A number of concerns raised following a patient's stay with a ward	It has been brought to the attention of ward staff the importance of accurately communicating with Acute colleagues, the patient's condition prior to deterioration and the current presenting symptoms.	29-5-07	Staff are aware of the need to involve acute hospital colleagues as the need arises. Additionally, should there be any unacceptable delay in this process, the SDM/GM has to be notified.	No further action required	30/6/07
06060701 Craig Cunningham	Concern raised regarding access to diabetic eye screening clinics and the cancellation of an appointment	Staff are being reminded of the need to offer alternative appointments at other sites where they know of any particular issue which would support patient attendance.	6-8-07	This information has been shared with the diabetic retinopathy administration staff.	No further action required	31/8/07
04040701 Geoff Sage	Concern raised regarding the delay in being fitted with a digital hearing aid	Patient has been on the waiting list for reassessment for a digital hearing aid since 8 February 2007 and will be reassessed within the next four weeks.	4-6-07	Hearing aid fitted on 31 July 2007 with good results.	No further action required.	31/7/07
25040702 Marilyn Aitken	Concerns regarding the attitude/behaviour of an OOH doctor	The OOH doctor will be monitored in regard to their manner when responding to Out-of-Hours telephone calls. The Out-of-Hours Clinical Director will inform the doctor of the need to adhere to the procedure for accessing the voice recording system.	25-6-07	No further incidents. OOH doctor advised.	No further action required.	Oct 07
16040702 Marilyn Aitken	Difficulties in accessing an OOH PCEC	The OOH service will discuss with colleagues in NHS Lothian whether a local Lothian centre would be more appropriate for cases that may require admission to hospital.	18-6-07	Discussion taken place; no change to current policy.	No further action required.	Aug 07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
27040702 Marilyn Aitken	Concern raised at the role of the OOH doctor and certifying a deceased care home resident	Medical Director – Primary Care is in discussion with the Procurator Fiscal’s Office on the role of the police surgeon and the OOH doctor when confirming and certifying death.	27-6-07	Discussion taken place with PF’s office and now an action point in OOH Quality & Standards Group.	Protocol agreed and educational session for OOH doctors, which was jointly hosted with PF has now taken place.	Nov 07
14050701 Marilyn Aitken	Concerns raised regarding the attitude/behaviour of an OOH doctor	The Out-of-Hours Clinical Director will be addressing with the doctor the way in which he conducted his consultation in regard to: <ul style="list-style-type: none"> • clinical assessment • communication • hand hygiene • apparel 	16-7-07	Discussion taken place.	No further action required.	Aug 07

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (July – September 2007)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
13090701 Eleanor Wilson	Delay in getting appointment for ear syringing at Treatment Room.	The is presently experiencing particularly high demand. An organisational review of the Treatment Room service within Motherwell Health Centre is currently being undertaken to ensure as many patients as possible are seen within a reasonable time.	13-11-07	Situation resolved at present time.	No further action required.	Dec 07
270701 Owen Watters	Attitude of staff within the podiatry service	The Podiatry Team leader will discuss with all podiatry staff members at the next team meeting to ensure that staff are aware of the importance of communicating effectively and sensitively on any changes in the way the podiatry service will be delivered. Patient feedback will continue to be monitored and reviewed.	27-9-07	The Team Leader has reiterated the need for good customer care and behaviours.	No further action required.	Dec 07
29060701 Geraldine Queen	9 Items being delivered and then left on a front door step if there was no answer and therefore in view of other neighbours. There is the potential that these products may be tampered with or stolen 10 No date being given for the delivery 11 Role of DN – only assessed patient over the phone and there has been no subsequent contact	Concerns regarding delivery procedures when the product cannot be personally delivered have been raised with TPS Patient has now been advised of delivery dates Clinic appointment arranged for patient	29-8-07	<ul style="list-style-type: none"> TPS have assured us that they agree that orders being left without permission from patients is unacceptable. They have re-enforced the delivery guidelines to all drivers, and this type of incident should not happen again. Patient satisfied that delivery dates have been provided Patient receiving ongoing treatment at CAS clinic 	Case discussed with Paperpak who contract with NHSL regarding home delivery service. Standards for delivery reviewed and compliance by TPS re-enforced.	13-12-07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
07090702 Geraldine Queen	Concern raised regarding the supply of continence products	TPS have now given their assurance that they will order extra supplies.	7-11-07	TPS continue to retain excess stock to avoid stock shortages	No further action required	13-12-07
09080702 Richard Burgon	Concern raised regarding being supplied with particular continence products Access to podiatry service within a care Home setting	Suggestion to MSP that patient is re-assessed for her continence needs, including her ability to be assisted to toilet. The Podiatry Service is acutely aware of the problems in this care sector and have recently taken the decision to disband the Nursing and Residential Home Team in favour of dispersing the resources into each Locality and it is anticipated that this will increase the visibility of the local service.	9-10-07	<ul style="list-style-type: none"> • Patient has now received a continence assessment. • Complainant advised regarding changes to the Podiatry service provided to Care Homes. Service changes should ensure a more frequent input to patients being assessed as being in need of podiatry intervention rather than for simple foot care or foot hygiene. 	No further action required Patient awaiting podiatry assessment	16-1-08 Ongoing

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
06090702 Geoff Sage	Various concerns raised regarding access to podiatry treatment	A podiatry appointment to be sent to patient and following this the patient will receive regular appointments.	6-11-07	Patient seen on 12-10-07	Further appointment on 25-1-08	Ongoing
10080703 Marilyn Aitken	The OOH doctor did not attend following request from NHS 24.	Two of the five OOH cars suffered breakdowns and were awaiting the RAC to attend before being able to continue. Though this situation is unprecedented, vehicle maintenance procedures are now being reviewed as a matter of priority.	10-10-07	New cars ordered and awaiting delivery; maintenance now overseen by staff member.	No further action required	Dec 07
17050702 Marilyn Aitken	An OOH doctor's failure to diagnose an ectopic pregnancy	A previous decision has now been reversed regarding the availability of on the spot pregnancy tests in the Out-of-Hours period. Kits will now be available in cases of suspected ectopic pregnancy. The OOH Clinical Director has written to NHSL's Obstetrics Department to discuss access to scanning in cases of suspected ectopic pregnancies during the Out-of-Hours period.	17-7-07	Kits available and communicated with Dr Chris Lennox & colleagues. Protocol agreed and disseminated.	No further action required	Sept 07
24070701 Craig Cunningham	Concern regarding the lack of service received since discharge from in-patient care.	Patient had just missed an intake for an anxiety management group. Next group due to start again in the next 2 to 3 weeks.	25-9-07	Staff advised to alert patients of the timing of the anxiety management groups and if necessary, to offer interim CPN input.	No further action required	Oct 07
04070701 Craig Cunningham	Concern raised by a patient that ward nursing are using a patients' bathroom as a smoking room.	Senior nurses will monitor the bathroom for any inappropriate use by staff. All ward staff have been reminded about NHS Lanarkshire's No Smoking Policy and there will be no hesitation in ensuring that this is enforced.	4-9-07	Senior nurses will monitor the bathroom for any inappropriate use by staff. All ward staff have been reminded about NHS Lanarkshire's No Smoking Policy, which will be enforced without hesitation.	Ongoing	Sept 07

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
20060701 Craig Cunningham	A number of concerns raised by the relative of a patient receiving in-patient psychiatric care.	RMO will discuss transferring a patient with two consultant colleagues, which will provide the opportunity of a second opinion in regard to the patient's medication.	20-8-07	New consultant allocated.	No further action required	Nov 07
31080701 Craig Cunningham	A patient complained that the ward admission procedure was not followed because a member of staff did not enquire about the patient's dietary requirements.	Ward staff are required to go through the admission procedure thoroughly to ensure that patient requirements are recorded and acted upon. This matter is being raised with the Ward Manager.	31-10-07	Staff were reminded that they should explain the 'named nurse' policy and why this is not always the nurse on duty at the time of admission.	No further action required	Nov 07
13060702 Craig Cunningham	Concern regarding a delay in a referral to the psychology service.	As a result of human error there was a delay in the patient being referred. An appointment has now been arranged.	13-8-07	Staff were reminded of the need to ensure all follow up actions are taken timeously.	No further action required	Aug 07
14080702 Mike Devine	Concerns raised following your contact with the dental triage service.	The Senior Dental Nurse - NHS Lanarkshire and the Dental Team Leader - NHS 24, will review the calls made by the patient and carry out a one-to-one review with the dental triage nurse. They will ensure that the dental triage nurse is reminded of the weekday evening service in Glasgow Dental Hospital and made fully aware of the categories of patients who are appropriate to be directed to that service. They will also ensure that the dental triage nurse is update on pain relief advice and is reminded of the need to seek the advice of the Team Leader on duty when a caller is obviously in some considerable distress. Any other necessary actions that could improve the service that become apparent following the review will be taken forward. In addition the lessons learned and action points will be shared with all NHSL dental triage nurses	15-10-07	This has now been completed	No further action required	Dec 07

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (October - December 2007)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
20090701 Alison McMullan	Various concerns regarding access to psychiatric services. Dissatisfied with written response.	Arrange meeting with family and their MSP.	20-11-07	Constructive meeting took place to talk through issues. No outstanding concerns.	No further action required.	Nov 07
18070703 Alison McMullan	Various concerns raised regarding the medical treatment within a psychiatric setting	There will now be a review of the care provided for inpatients by psychiatric staff and the involvement of medical colleagues in that care.	20-11-07	Consultant queried if nursing staff in mental health required more training/support with medical issues that arose.	Discussed with SDM who considered there had been very good joint working between mental health and acute on this case and no further actions required.	Feb 08
23110701 Richard Burgon	Significant incident occurred when immunising a child	Undertaking a thorough review of all the circumstances and RB will advise parents of the lessons learned. The process of liaising with a child's parents following such an incident will also be reviewed.	23-1-08	Various aspects of immunisation system to be reviewed/revised. Staff to be retrained in appropriate procedures and systems.	Appropriate reminders and retraining provided to staff in respect of the procedures which they should follow. Procedures reinforced with all staff involved in immunisation of children.	Mar 08
26090703 Richard Burgon	Difficulty in accessing a Paediatric out-patient appointment	RB to review discrepancy between referral being sent and received.	26-11-07	Situation investigated and noted duplication of referrals with contradictory prioritization by GP. Also noted that referral was for second opinion following private consultation.	Protocols have been developed and issued to GPs to ensure that all referrals are managed effectively, for all childhood illnesses.	Mar 08
27090701 Tom Bryce	Various issues raised following a patient pushing another patient causing her to fall and sustain an abrasion to her head.	Not informing the patient's family of the incident has been accepted as an error of judgement. The lesson learned has been shared with other ward staff.	27-11-07	All SCN's have been advised that in any circumstances such as this that they must ensure that relatives and/or carers are informed timeously and if possible on the day of the incident.	No further action required.	Mar 08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
14110704 Jim Wright	Significant delay in insoles being made available	Order being fast-tracked through Procurement	14-1-08	Company contacted direct by Podiatry TL. Insoles manufactured as priority with personal assurance from TL that appropriate outstanding paperwork would follow from procurement for payment. Insoles received and fitted.	Data base been in place from Jan 08 (updated monthly) showing all Orthotic orders including outstanding / Pending items. Updated monthly and information shared with TL quarterly. Podiatrist advised to review all orders monthly and any delays are to be highlighted to TL. Issue taken forward to NHSL Podiatry Biomechanic group meeting for discussion and action as required.	Jan 08

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
16100702 Geoff Sage	Various concerns raised following attendance at Udston Hospital to have a wound treated	<ul style="list-style-type: none"> • provision of Dressings Trolley • specific weekend dressings container for the District Nurse Treatment Room area, to include aprons, sterile gloves/scissors and other dressings stock that may be required • a protocol is being developed so that all clinic staff are aware of the new procedures for clinic activity. 	17-12-07	Dressings trolley and dedicated dressings container now routinely used for DN Treatment Room area. Protocol now in place which all weekend staff are familiar with and use routinely.	All new staff are familiarized with clinic activity/procedure. Team Leaders' monitor activity and ensure dressings container is kept fully equipped/maintained to accommodate clinic activity.	1/06/08
15110701 Craig Cunningham	Parent raised concern regarding the way Social Services were involved in regard to her child following a clinic appointment	Although the member of staff had the child's best interests at heart and sought advice from others, it is accepted that the matter should have been discussed with the parent first	15-1-08	Subsequent briefing to all Physio staff and actions set in place.	No further action required.	11/07
04090702 Craig Cunningham	Length of time it took for a patient to receive his initial psychiatric assessment following his attendance at A&E	A small review group has already been formed to address communication issues and the need to revisit the protocols between A&E staff, PAT nurses and Psychiatric SHOs. Included within this review, is the need for SHOs to be able to access relevant information in A&E when PAT Nurses are unavailable. GM seeking to ensure SHOs have access to I.T. within each of the three A&E departments.	5-11-07	SHOs can now access information form GEMINI when called to A&E. Also redesigning service to introduce new crisis (CRHTS) service which as well as picking up all patients within 4 hour guarantee, should also obviate the need for many patients to attend A&E at all.	No further action required.	02/08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
16100703 Marilyn Aitken	What home transport arrangements are there for those patients and their relatives that have attended hospital by ambulance	Following the review, the patient should have been offered transport home via the Patient Transport Service. In future all patients and their relatives in a similar situation will be offered transport home.	17-12-07	Whilst OOH does not make provision for patients who attend hospital, we will ensure that transport is arranged for patients who attend A&E and were transferred into PCEC.	No further action required.	Mar 08
05110702 Marilyn Aitken	Concerns raised regarding an OOH doctor	As the prescribed Diclofenac was not relieving the patient's pain, it would have been appropriate for the OOH doctor to administer analgesia. The complainant correctly points out that the patient should have been made to feel comfortable, especially as she was then being transferred to hospital. This matter being raised with the OOH doctor.	7-1-08	This has been discussed with the doctor concerned, and will be highlighted at the forthcoming OOH Educational Event on complaints.	No further action required.	Mar 08
01100702 Marilyn Aitken	Various concerns raised in regard to NHS 24 and NHSL's Out-of-Hours service	The point raised about admission to a local hospital has resulted in the Out-of-Hours Service reviewing patient pathways to ensure patients can be admitted to community hospitals whenever possible.	3-12-07	Community Hospital patients are normally accessed by daytime GPs, however OOH doctors are aware that where clinically appropriate a Community Hospital can be contacted to check availability of beds.	No further action required.	Mar 08

ACTIONS FOLLOWING COMPLAINT INVESTIGATIONS (January – March 2008)

North CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
09010801 Tom Bryce	Concern raised regarding the attitude of a Community Psychiatric Nurse	<p>A different psychiatric nurse will be in contact and visit the patient. Some time in February the patient will be transferred to the Bellshill Outreach Team.</p> <p>The patient is on the cancellation list for a Consultant Psychiatrist and should be seen soon.</p>	10-3-08	Patient was seen at Out Patient Clinic on 4 th March 2008. Her care was transferred to another CPN who not sees her on a regular basis.	No further action required.	21/7/2008
08020801 Owen Watters	Power failure Airdrie Health Centre	<p>A review is currently underway to ensure lessons are learned. Consideration will be given to utilising existing auxiliary power generation, for example Airdrie Health Centre accessing Monklands Hospital.</p> <p>In addition, the various service business continuity plans will be reviewed to ensure staff are aware of and can implement these at very short notice. These must involve the prioritised contacting of patients so that they are re-routed elsewhere or arrangements are made to be reappointed.</p>	8-4-08	<p>Area of concern raised with relevant departments and actions have been taken.</p> <p>Health and safety training is currently being delivered in light of the new structures</p>	Paper detailing the incident at Airdrie and Coatbridge was circulated widely for information and to share lessons learned in addition to the actions taken to ensure business continuity.	May 08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
31030802 Geraldine Queen	Concern raised regarding the treatment provided by a treatment room nurse	Patient should be offered the option of either receiving a prescription for analgesia via the GP practice or to purchase analgesia from a local supermarket or chemist shop.	2-6-08	Thorough investigation revealed strong clinical practice and recording from the nurse in question, though she was advised to offer the option of analgesia as a GP prescription or to purchase from a local chemist or supermarket rather than just the local supermarket.	Treatment Room Coordinator and Team Leaders disseminated the learning from this event to the whole Treatment Room workforce at team meetings.	30/4/08
27020802 Geraldine Queen	Consultant Neurologist – SGH inappropriately referred a patient for rehabilitation services	Consultant Neurologist is being contacted to explain NHS Lanarkshire’s Physiotherapy Service to ensure that in future patients are referred appropriately.	28-4-08	Complainant was contacted to offer an appointment at the local centre she wished to be treated at. Consultant informed of the correct referral route by Physiotherapy Team Leader.	Memo distributed across all Locality GP practices to explain the services offered across the area, specifically outlining the neuro service offered from Kenilworth Medical Centre.	31/5/08
22020802 Tom Bryce	Personal laundry had been discolored	Staff have been informed not to use the ward washing machine of personal laundry. Hotel Services will similarly seek to ensure that Personal Laundry Service practices for segregation are monitored and maintained.	22-4-08	Ward washing machine no longer used. Personal Laundry Service practices continue to be monitored and maintained.	No further action required	Apr 08
15020802 Eleanor Wilson	Reduction of Speech & language Therapy input due to maternity leave.	Arrangements for maternity cover have been agreed, which means that the four sessions that would have been affected by maternity leave will remain in full.	15-4-08	Four sessions completed as agreed.	No further action required.	Apr 08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
12020801 Eleanor Wilson	Parents concerned that there was a lack of support for their son through the Learning Disability service	A Senior Health Care Co-ordinator met with the son at home with his parents. The outcome of this meeting included: <ul style="list-style-type: none"> • the Community Learning Disability Team will further assess the son • Homecare Services was contacted and advised of son's unmet social needs • a social worker has now been appointed. A meeting with Social Work, Housing and the Anti-Social Behaviour Task Force has been arranged in March 2008. 	14-4-08	Health, Social Care & Housing continue to have active involvement with the son who receives 21 hrs weekly from LAMH worker. Long term plan is to secure independent tenancy with support package which will include appropriate care provider.	No further action required.	Apr 08

South CHP

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
21020801 Marilyn Aitken	An OOH doctor advised a patient to use Savlon or Dettol following toenail surgery. This was contrary to previous advice given by a podiatrist.	As it was accepted that either of these products could be an irritant, the patient should have been advised to continue bathing his toe in warm salty water. Information will be shared between the Podiatry Service and the Out-of-Hours service to ensure that lessons are learned in regard to best practice following nail removal surgery and particularly foot bathing.	21-4-08	Discussed with patient & doctor involved. Dr advised of Podiatry recommendation.	Nil as no evidence that this is common problem	30/04/08
04020802 Marilyn Aitken	Concerns raised regarding an OOH consultation.	GP informed that the patient should have been more fully assessed and advised to re-contact the service if symptoms were deteriorating.	4-4-08	Discussed with patient & doctor involved. Doctor involved advised of findings.	Outcome presented at educational meeting for GP's	20/06/08
23010802 Craig Cunningham	Supply of Oxynorm was low within specialist pharmacies during a weekend.	There is now a doubling of the initial stock.	25-3-08	Chief Pharmacist and Locality SDM agreed protocols to ensure availability of supply and associated communication with nursing/pharmacy colleagues.	No further action required.	30/3/08
28010803 Craig Cunningham	Patient was not advised that their Consultant Psychiatrist had changed.	<ul style="list-style-type: none"> • review sending out a standard letter to all out-patients • reception staff to advise patients attending the new Consultant Psychiatrist over the next few weeks that they will be seeing a new doctor • send out an email to advise local GPs of these changes 	28-3-08	Patients are being alerted at time of call for appointment that their consultant has now changed. It is envisaged that when MH services come on to the referral management service, any staff changes should be communicated automatically.	No further action required.	30/3/08

Ref / Lead	Issue	Action	Review Date	Outcome	Further Action / Comments - including sharing with others	Completion Date
22020801 Geoff Sage	Delay in having blood sample taken.	Waiting times for blood samples being taken within the treatment room are being reviewed and it is anticipated that these will be reduced over the next few weeks.	22-4-08	Patient was seen by District Nurse who carried out the venepuncture the next day.	Existing phlebotomist has had hours increased to reduce waiting times. Advert has gone out to appoint a further phlebotomist which will also aid the reduction in waiting times. DNs always willing to do any urgent bloods that are required if treatment room staff are unable to do so.	May 08